12/18/2017 12:44 Division of Corporations

5616941639

PAGE 01/03

https://efile.sunbiz.org/scripts/cfilcovr.exe

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000330672 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

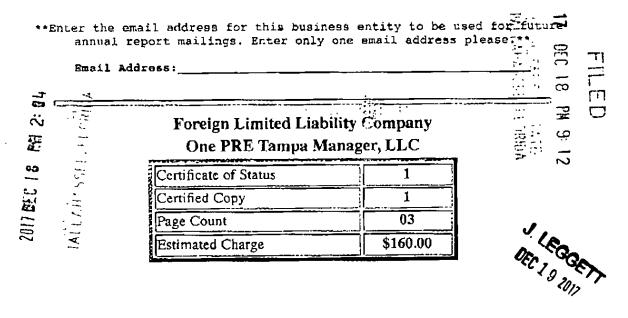
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)694-1639



Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING E'SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name imavallable, errier niternate n  | ame adopted for the purpose of transacting business in   | n Florido. The alternate name rings include "Limite  | d Liability Company," "L.U.C." or "LLC.")  |
|---|--|--|--|
| 2. Delaware   |  | 3.   | ,  |
| (Jurisdiction under the law of which foreign limited isocility company is organized)  |  | (FG!   | number. If applicable)   |
| <u>.</u>  |  |  |  |
| ·   | (Date first transacted histories in Florids, if pro<br>(See sections 605.0914 & 605.0905, P.S. to date   | or to regulation.)   | <del></del>  |
| 1600 E. 8th Avenue St   |  | 6. 1600 E. 8th Avenue Su   | ite A-208  |
| (Sweet Address of Principal Office)   |  | (Mailing Address)  |  |
| Tampa, FL 33605   |  | Tampa, FL 33605  |  |
|   |  |  | <b>2</b>   |
| . Name and street addres  | s of Florida registered agent: (P.O. E   | lox NOT acceptable)  |  |
| Name:   | Corporate Creations Network Inc.   |  | C  |
| . Office Address:   | 11380 Prosperity Farms Road #221   | Е  | 8  |
|   | Palm Beach Gardens   | . Florida 33410  | 二  |
|   | (City)   |  | , oodc)  |
| legistered agent's accep  |  | 9.7  | 50 등 -   |
|   | gistered agent and to accept service   | er process for the moore denice mile   | toco tractitità cirritationi di trici Marce  |
|   |  |  |  |
|   |  |  | act in this capacity. I further agree  |
|   | tion, I hereby accept the appointmen<br>ons of all platutes relative to the proj   |  | act in this capacity. I further agree  |
| o comply with the provisi   | ons of all platutes relative to the proj   | per and complete performance of t  | act in this capacity. I further agree<br>my duties, and I am familiar with   |
| o comply with the provisi   |  |  | act in this capacity. I further agree<br>my duties, and I am familiar with   |
| o comply with the provisi   | ons of all statutes relative to the project of my position as registered agent.  | per and complete performance of a<br>Caitlin Lazarus, Specia   | act in this capacity. I further agree<br>my duties, and I am familiar with   |
| o comply with the provisi<br>and accept the obligations   | ons of all statutes relative to the project of my position as registered agent.  (Registered age   | per and complete performance of a Caitlin Lazarus, Specia  | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  8. The name, title or capa  | ons of all statutes relative to the project of my position as registered agent.  (Registered agent active and address of the person(s) who   | per and complete performance of a  Caitlin Lazarus, Specia nt's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisi<br>and accept the obligations   | ons of all statutes relative to the project of my position as registered agent.  (Registered age   | per and complete performance of a Caitlin Lazarus, Specia  | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  8. The name, title or capa  | ons of all statutes relative to the project of my position as registered agent.  (Registered agent, (Registered agent, agent)  (Registered agent)   | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  B. The name, title or caps  Title or Capacity:  | ons of all statutes relative to the project of my position as registered agent.  (Regioned agenciety and address of the person(s) who Name and Address:  | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  B. The name, title or caps  Title or Capacity:  | (Regioned age acity and address of the person(s) who Name and Address: Kenneth P. Jones 1800 E. Bih Avenue Suite A-208   | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  8. The name, title or caps  Title or Capacity:  | (Regioned age acity and address of the person(s) who Name and Address: Kenneth P. Jones 1800 E. Bih Avenue Suite A-208   | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  B. The name, title or caps  Title or Capacity:  | (Regioned age acity and address of the person(s) who Name and Address: Kenneth P. Jones 1800 E. Bih Avenue Suite A-208   | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:  Manager  | ons of all statutes relative to the project of my position as registered agent.  (Regismed agent of the person(s) who want and Address:  Kenneth P. Jones  1800 E. 8th Avenue Suite A-208  Tampa, FL 33605   | Caitlin Lazarus, Specia<br>ni's signance) has/have authority to manage is/ar   | act in this capacity. I further agreemy duties, and I am familiar with all Secretary   |
| o comply with the provisional accept the obligations  8. The name, title or capse Title or Capacity:  Manager  (Use attachments if necess   | (Regioned age of the person(s) who have and address:  Kenneth P. Jones  1600 E. Bih Avenue Suite A-208  Tampa, FL 33605  | Caitlin Lazarus, Special Caitlin Lazarus, Caitlin Caitl | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  c:  Name and Address:   |
| o comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:  Manager  (Use attachments if necess  Attached is a certificate unisdiction under the law | cons of all statutes relative to the project of my position as registered agent.  (Registered agent.  (Reg | Caitlin Lazarus, Special Caitlin Lazarus, Spec | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:   |
| 8. The name, title or caps Title or Capacity: Manager  (Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su                           | cons of all statutes relative to the project of my position as registered agent.  (Registered agent.  (Reg | Caitlin Lazarus, Species  Caitlin Lazarus, Species  Int's signature)  has/have authority to manage is/ar  Title or Capacity:  Id, duly authenticated by the official cate is in a foreign language, a tran   | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:  I having custody of records in the slation of the certificate under oath                                 |
| 8. The name, title or caps Title or Capacity: Manager  (Use attachments if necess ). Attached is a certificate urisdiction under the law of the translator must be su                         | cons of all statutes relative to the project of my position as registered agent.  (Registered agent.  (Reg | Caitlin Lazarus, Special Caitlin Caitlin Capacity:  Id, duly authenticated by the official Cate is in a foreign language, a transpecial Caitlin | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information |
| 8. The name, title or caps Title or Capacity: Manager  O Attached is a certificate urisdiction under the law of the translator must be su  O. This document is execute.                       | cons of all statutes relative to the project of my position as registered agent.  (Registered agent.  (Reg | Caitlin Lazarus, Special Caitlin Caitlin Capacity:  Id, duly authenticated by the official Cate is in a foreign language, a transpecial Caitlin | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information |
| 8. The name, title or caps Title or Capacity: Manager  O Attached is a certificate urisdiction under the law of the translator must be su  O. This document is execute.                       | cons of all statutes relative to the property of my position as registered agent.  (Registered agent.)  (Registere | Caitlin Lazarus, Special Caitlin Caitlin Capacity:  Id, duly authenticated by the official Cate is in a foreign language, a transpecial Caitlin | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information |
| 8. The name, title or capa Title or Capacity:  Manager  Attached is a certificate urisdiction under the law of the translator must be su  This document is executed.                          | cons of all statutes relative to the property of my position as registered agent.  (Registered agent.)  (Registere | Caitlin Lazarus, Special Caitlin Caitlin Capacity:  Id, duly authenticated by the official Cate is in a foreign language, a transpecial Caitlin | act in this capacity. I further agreemy duties, and I am familiar with al Secretary  E:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information |

Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE PRE TAMPA MANAGER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE PRE TAMPA MANAGER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

1£¢

Authentication: 203729781

Date: 12-11-17